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which can generate an inhalable, fine-particle dose of a dry powder medicament.

In general, the cyclone is configured as a substantially cylindrical cavity provided with a tangential inlet and an axial outlet. The cyclone may be provided with a frustoconical portion in the region of the outlet for directing the airflow within the cyclone towards the outlet.

In one arrangement, the cyclone is provided with a further axial inlet. The further axial inlet is arranged to introduce the medicament close to the axis of the cyclone to reduce deposition of the medicament on the internal surfaces of the cyclone.

It is desirable for the cyclone to generate as much shear as possible within the airflow. At small radii, close to the axis of the cyclone, the high angular velocities increase the effective viscosity of the air causing a central cylindrical region lying along the axis to rotate as a rigid body within which the shear forces are minimal. Thus, according to an advantageous arrangement, the cyclone is provided with an axial member for directing the medicament towards the walls of the cyclone. In this way, the aerosol is unable to enter the very central zone of the cyclone where the shear forces are at a minimum. Alternatively or in addition, the outlet of the cyclone may be annular to encourage the airflow away from the central axial region of the cyclone.

It is also desirable to reduce the amount of deposition in the chamber of the inhaler and to allow a smaller chamber to be used. Thus, a diffuser may be provided at the outlet of the cyclone. The diffuser may comprise an axial and/or an annular diffuser with a gradual increase in cross-sectional area, preferably with an exponential increase in area for improved diffusion.

A small chamber may be provided at the outlet of

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the cyclone comparable in volume to the cyclone itself to act as a diffuser. Similarly, a spacer may be provided at the outlet of the cyclone to act as a diffuser.

5 A plurality of cyclones may be provided such that their outlet flows coincide and interfere with each other to create extra shear forces.

10 The airflow to the drug dosing device may be provided by an external air source, for example a source of compressed air. In a preferred arrangement, however, the airflow is provided by a pump in the inhaler. Thus, the inhaler may comprise a pump. The pump may be in the form of, for example, a piston pump, a resilient bladder or a source of compressed gas, such as a gas canister.

15 Preferably, the pump is arranged to provide an airflow of repeatable volume and velocity. Thus, the pump may take the form of a spring-powered piston received in a cylinder.

20 It has been identified that a problem associated with inhalers of the type according to the invention is that when the aerosol is expelled into the chamber, the aerosol tends to interact unfavourably with the air in the chamber. It is known for the chamber to be open and for the air initially within the chamber to be expelled through the mouthpiece of the chamber as the aerosol is

25 introduced through a nozzle. However, this has been found to be unsatisfactory as the amount of medicament which escapes through the mouthpiece before the user inhales is unquantifiable.

30 Thus, viewed from a further aspect, the invention provides an inhaler comprising:

a chamber having a mouthpiece; and

an aerosolising device having an inlet for taking in an airflow and an outlet for expelling an aerosol

35 into the chamber, wherein the inlet of the aerosolising device is connected to the chamber, such that, in use, the airflow is drawn from the chamber to generate the

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aerosol.

Thus, according to this aspect of the invention air from within the chamber passes through the aerosolising device to generate the aerosol so that the chamber can be filled with aerosol without expelling air, and potentially medicament, through the mouthpiece of the chamber.

The aerosolising device may comprise a cyclone and/or a drug dosing device as previously described. The aerosolising device may also comprise a pump arranged to draw air from the chamber via the inlet.

In one arrangement, the chamber receives a plunger which is arranged to force air through the aerosolising device as the plunger moves through the chamber. In a particularly preferred embodiment, the aerosolising device is mounted on the plunger.

Thus viewed from a yet further aspect the invention provides an inhaler comprising a chamber having a mouthpiece and a plunger received in the chamber, wherein the plunger is arranged to force air through an aerosolising device to generate an aerosol of medicament in the chamber for inhalation through the mouthpiece.

Some embodiments of the invention will now be described by way of example only and with reference to the accompanying drawings, in which:

Figure 1 shows a cyclone for use in the invention;  
Figure 2 shows a first embodiment of the invention;  
Figure 3 shows a second embodiment of the invention;

Figure 4 shows a third embodiment of the invention;  
Figure 5 shows a fourth embodiment of the invention; and

Figure 6 shows a fifth embodiment of the invention.

Corresponding reference numerals have been used for corresponding parts in each embodiment of the invention.

Figure 1 shows a cyclone 1 for use in aerosolising a powdered medicament according to the invention. The

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cyclone 1 is in the form of a cylinder 3 of a diameter between about 2 and 15 mm, preferably between 4 and 10 mm. The cylinder 3 is closed at an input end and provided with a frustoconical portion 5 at an output end. The cyclone 1 has an inlet 9 in the region of the closed input end of the cylinder 3, which inlet 9 is substantially tangential to the wall of the cylinder 3. The frustoconical portion 5 has an outlet 7 defined therein, which outlet 7 is concentric with the axis of the cylinder 3.

In use, an airflow entrains a powdered medicament and enters the cyclone 1 through the tangential inlet 9, as indicated by arrows A. The airflow (and medicament) is directed by the internal surface of the cylinder 3 in a helical path towards the outlet 7. The frustoconical portion 5 of the cyclone 1 narrows the radius of the helical path, thereby increasing the speed of the airflow and increasing the shear forces on the entrained medicament. Consequently, an aerosol of powdered medicament having particles of respirable size issues from the outlet 7 of the cyclone 1, as indicated by arrows B.

Figure 2 shows a first embodiment of the invention. According to this embodiment a cyclone 1 is connected to a chamber 11 having a mouthpiece 13. The chamber has a volume of around 300 ml. The cyclone 1 is located at an end of the chamber 11 opposite the mouthpiece 13, and the outlet 7 of the cyclone 1 is arranged to eject the aerosol of medicament into the chamber 11 towards the mouthpiece 13, as indicated by arrows B.

A drug dosing device 15 is connected to the inlet 9 of the cyclone 1 and is arranged such that, as a flow of air passes through the dosing device 15, a controlled dose of medicament is entrained in the airflow.

The airflow to the drug dosing device 15 is provided by a pump 17, which comprises a plunger 19 received in a pump cylinder 21 and biased towards an

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outlet 23 of the pump 17 by a spring 25. A breath-actuated mechanism (not shown) is used to retain the plunger 19 in a retracted position against the biasing force of the spring 25 until the medicament is to be delivered.

In use, this embodiment of the invention operates as follows. The user primes the inhaler by pulling the plunger 19 of the pump 17 into the retracted position where it is retained by the breath-actuated mechanism. The user then inhales through the mouthpiece 13 of the chamber 11 and the resultant drop in pressure causes the breath-actuated mechanism to release the plunger 19 which forces a jet of air through the outlet 23 and the drug dosing device 15. The flow of air entrains a measured dose of medicament from the dosing device 15 and carries this dose into the cyclone 1. In the cyclone 1, the dose of medicament is aerosolised, as described in relation to Figure 1, and is expelled into the chamber 11 through the outlet 7, as indicated by the arrows B. The user is then able to inhale the aerosol of medicament into the deep lung via the mouthpiece 13.

Figure 3 shows a second embodiment of the invention. In this embodiment, the arrangement of the pump 17, dosing device 15 and cyclone 1 corresponds substantially to that of the embodiment of Figure 2. However, in this case the chamber 11 is larger than that shown in Figure 2 and the mouthpiece 13 is offset from the axis of the chamber 11 and of the cyclone 1. The mouthpiece 13 is provided with a cap 27 which closes off the mouthpiece, sealing the chamber 11 from the atmosphere. The cap 27 also closes off an air intake passage 29 which is provided in the chamber 11 to allow air to enter the chamber 11 when the user inhales through the mouthpiece 13. The chamber 11 connects to the outlet 23 of the pump 17 via an air passage 31 and a first non-return valve 33. A second non-return valve 35 is provided between the outlet 23 of the pump 17 and the

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drug dosing device 15.

In operation of this embodiment, the plunger 19 of the pump 17 is withdrawn (as in the embodiment of Figure 2) which causes air to be drawn out of the chamber 11 through the air passage 31 and into the pump cylinder 21 via the first non-return valve 33. In this manner, the pressure in the chamber 11 is reduced to below atmospheric. It is to be noted that the release of the plunger 19 in this embodiment is not effected by a breath-actuated device but by a manually actuated release mechanism (not shown). When the release mechanism is actuated, the plunger 19 forces a jet of air through the second non-return valve 35 into the drug dosing device 15 where a measured dose of the medicament is entrained in the air stream. The airflow and entrained medicament pass into the cyclone 1 where the medicament is aerosolised and expelled from the outlet 7 of the cyclone 1 into the chamber 11, as indicated by the arrows B. The reduced pressure in the chamber 11 at this point ensures an even distribution of the aerosol within the chamber 11. The pressure is equalised by the ejection of the aerosol into the chamber 11. Once the aerosol has been delivered into the chamber 11, the user removes the cap 27 and inhales the aerosol through the mouthpiece 13.

Figure 4 shows a third embodiment of the invention. According to this embodiment, there is no pump 17, but a plunger 19 is provided within the chamber 11 so that the chamber itself acts as a pump cylinder. Thus, as the plunger 19 is driven in the direction of the arrow C, air is forced out of the chamber 11 through the air passage 31 and into the drug dosing device 15. As the air passes through the drug dosing device 15 it entrains a measured dose of medicament which passes into the cyclone 1 and is aerosolised and expelled into the chamber 11, as indicated by the arrows B. The user inhales the aerosol of medicament by removing the cap 27

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and inhaling through the mouthpiece 13.

Figure 5 shows a fourth embodiment of the invention according to which the cyclone 1, the drug dosing device 15 and the air passage 31 are mounted on the plunger 19 and are movable therewith such that when the plunger 19 is moved in the direction of the arrow C, air from the lower half of the chamber 11 passes into the air passage 31 and through the drug dosing device 15, so that an aerosol of medicament is expelled from the cyclone 1 into the upper half of the chamber 11, in the direction of the arrows B.

Figure 6 shows a fifth embodiment of the invention which corresponds substantially to that of Figure 4 except that the cyclone 1 in this embodiment is located in a lower region of the chamber 11 and the direction of movement of the plunger 19 to generate the aerosol is reversed, as indicated by arrow C.

The embodiments of Figures 3 to 6 each have the particular advantage that the airflow which is used to entrain the medicament and generate the aerosol via the cyclone 1 is drawn from the chamber 11. Thus, a substantially equal volume of air is withdrawn from the chamber 11 to generate the aerosol as is returned to the chamber 11 when the aerosol is expelled from the cyclone 1. In this way, there is no requirement for the chamber 11 to be vented to atmosphere while the aerosol is generated and there is therefore no risk that any of the medicament will be lost before inhalation by the user.

Although there have been described herein a number of discrete embodiments, the features described in relation to any particular embodiment may be used in combination with the features of other embodiments described herein.

Although the aerosol of medicament has been described herein as an aerosol of powdered medicament in air, the medicament may be dispersed in any other gas or mixture of gases, as required.

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